
California Health Benefit Exchange Planning Update and Overview

Peter V. Lee
Executive Director

California Health Benefit Exchange Board Meeting
October 30, 2012



California Health Benefit Exchange 2012 Working Discussion and Decision Calendar

October 30	November 14	December 18
<p>Information and Discussion:</p> <ol style="list-style-type: none"> Federal Establishment Support and Exchange Blueprint Application Tribal Consultation Policy CalHEERS User Experience <p>Potential Decision:</p> <ol style="list-style-type: none"> Exchange Name and Branding Supplemental Benefits Employer/employee Choice in SHOP Exchange Qualified Health Plan Regulations 	<p>Information and Discussion:</p> <ol style="list-style-type: none"> Exchange Evaluation Plan <p>Potential Decision:</p> <ol style="list-style-type: none"> QHP Standard Benefit Designs Tribal Consultation Policy Consumer Assistance/Ombudsman Options Federal Establishment Support Exchange Blueprint Application to be a State-based Exchange 	<p>Information and Discussion:</p> <ol style="list-style-type: none"> Health Equity Assisters Program Requirements Eligibility and Enrollment Policy <p>Potential Decision:</p> <ol style="list-style-type: none"> Outreach and Education Grant Program

Working Timeline: The Exchange Board may adjust meeting schedules and content.



Legislative Update

David Panush
Director, Government Relations

California Health Benefit Exchange Board Meeting
October 30, 2012



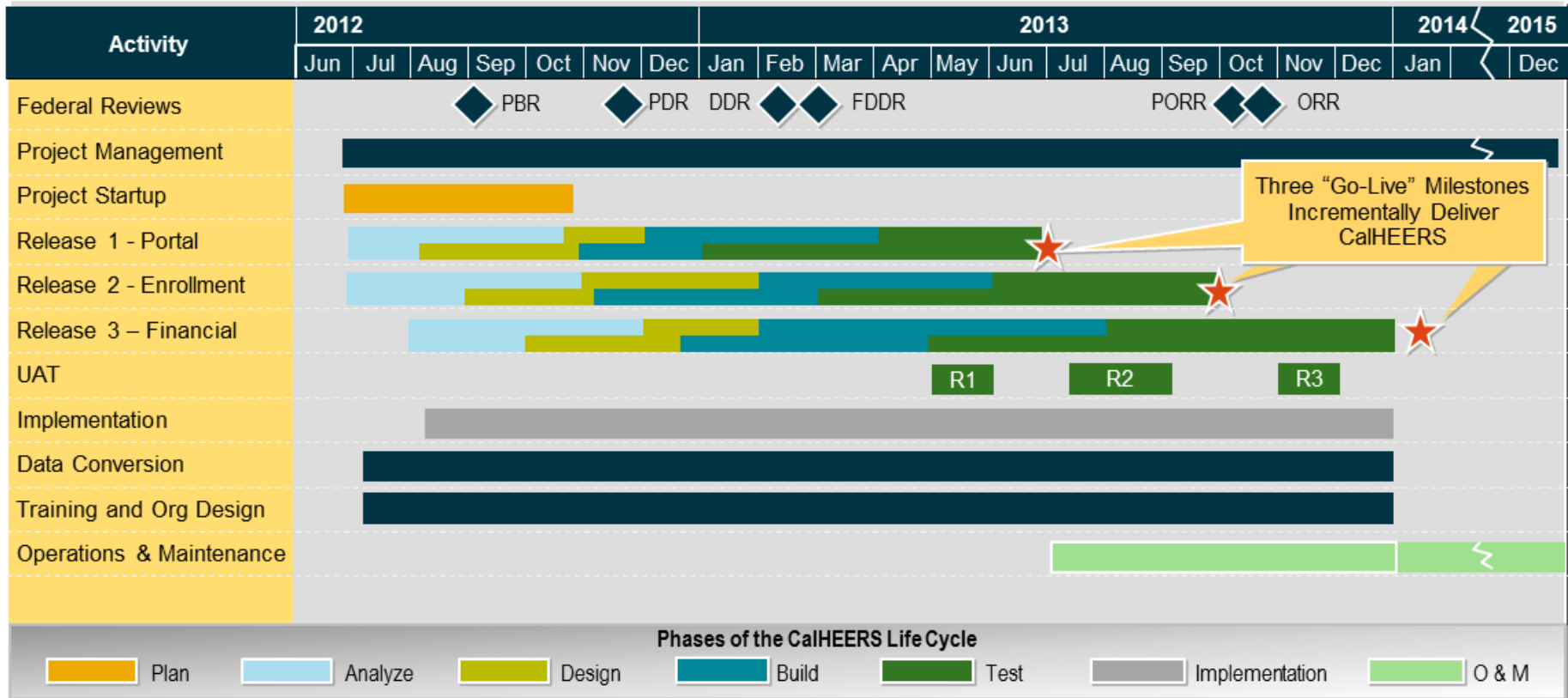
CalHEERS Project Status Update

Jim Brown, CalHEERS Project Director
Catherine Collins, Accenture Project Manager

California Health Benefit Exchange Board Meeting
October 30, 2012



CalHEERS Project Timeline



Upcoming CalHEERS Stakeholder Reviews



Public Update meetings on CalHEERS progress



CalHEERS Project Releases

System functionality will be released in phases to support the State operations and to meet the ACA deadlines.

Release	Description
1. Portal Release	<ul style="list-style-type: none">▪ Qualified Health Plan (QHP) benefit plan offerings▪ Assister registration▪ SHOP employer registration▪ Anonymous browsing for health insurance
2. Open Enrollment Release	<ul style="list-style-type: none">▪ Support for Open Enrollment▪ Eligibility screening for subsidized health assistance▪ Plan selection and enrollment
3. Financial Management Release	<ul style="list-style-type: none">▪ Billing and payment processing▪ Exchange financial operations▪ Account reconciliation▪ Reporting



CalHEERS Project Status

Requirements validation is nearing completion.

- 71% of 717 requirements have been confirmed; 29% remain
- 33% of requirements need additional follow-up and custom design
- Significant effort spent on the interactions between CalHEERS and the three County Welfare Systems (C-IV, CalWin and Leader)

Business Requirement Categories

SHOP <ul style="list-style-type: none"> • Employer registration • Plan selection & contribution • Employee application 	Eligibility & Enrollment <ul style="list-style-type: none"> • Portal access channel • Verification • Plan browsing & selection • Eligibility determination • Business rules • Case management • Notices of Action • Plan enrollment • Plan disenrollment • Administrative renewal • Change processing • Exemptions • Administrative appeals 	Financial Management <ul style="list-style-type: none"> • Premium processing • Accounting • Assister financial transactions • Plan assessment fees 	Interfaces <ul style="list-style-type: none"> • SAWS/MAXe2 (AIM) • MEDS (SCI, File clearance) • EDD, MIS/DSS, PCES • FTB • CDSS • eHIT • Federal Data Services Hub • Insurance carriers • Financial institutions
Plan Management <ul style="list-style-type: none"> • Certification • Operational data • Rate review • Compliance • Provider / Plan Directory 		Education and Outreach	
Consumer Assistance <ul style="list-style-type: none"> • Assister registration • Assister management • SHOP • Plan & benefit assistance • Online portal help 		Reporting <ul style="list-style-type: none"> • Financial Management • Plan Management • Consumer Assistance • Education & Outreach • SHOP 	



CalHEERS Project Status

System design for the confirmed business requirements has begun.

- Focused work sessions address specific capabilities
- Design confirmation activities are initiating and will continue through April 2013

We have also developed plans for system testing:

- Functional system testing
- Testing with interface partners
- Performance testing
- User acceptance testing



CalHEERS Project Status

Technical infrastructure design and implementation is in process.

- System architecture design
- System data models (logical and physical)
- Interfaces with County, State and Federal systems and Carriers
- System security and privacy plans

Data center and facility preparation continues.

- Development data center build-out and environment preparation
- Permanent project facility construction is underway

Planning for organizational design and training is creating the roadmap to support the CalHEERS users.

- Role definitions
- Preliminary training plan
- Preliminary organizational change plan



CalHEERS Integrated Project Management Approach

Federal approval required an integrated approach to managing CalHEERS including subprojects:

- SAWS systems (3), MEDS, Service Center, MAXe2

Reviewed approach in Gate Review – September, 2012

Operationalized approach in October

Includes:

- Project Manager assigned for each subproject
- Joint Project Management and Technical Meetings
- Integrated Project Management Processes
- Master Project Work Plan



CalHEERS Federal Gate Review

- Next Review is Preliminary Design Consult
- Conducted as part of Establishment Review with Exchange and CCIIO
- Tentatively scheduled for week of December 3 – 7
- Includes review of Master Project Work Plan and preliminary design artifacts



Service Center Status Update

Juli Baker
Chief Technology Officer

California Health Benefit Exchange Board Meeting
October 30, 2012



Service Center Principles for the Consumer Experience

Provide a first-class consumer experience

- Accessible, user-friendly web-site and forms that are easy to use/navigate
- Culturally and linguistically appropriate communication channels
- Protect customer privacy and security of their data
- Demonstrate public services at their best
- One touch and done
- Provide clear, accurate, responsive information tailored to the consumers needs

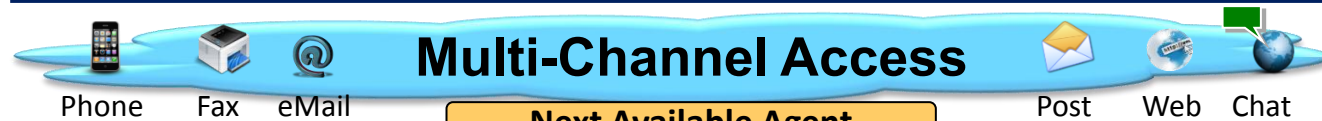


Service Center Assessment and Referral Principles

1. Conduct assessment, eligibility review and enrollment in a seamless manner for all consumers
2. Transfer consumers who are potentially MAGI Medi-Cal and non-MAGI Medi-Cal eligible to their County/Consortium as quickly and seamlessly as possible, after the minimal amount of inquiry and/or data collection
3. Maximize the accuracy of each call and enrollment handled by the Service Center in order to have the fewest possible Exchange eligible individuals referred to Counties, and the fewest possible MAGI Medi-Cal individuals served by Service Center
4. Minimize the duplication of work and effort
5. Continuous improvement of protocols based on metrics to determine timeliness, accuracy and precision of referrals and service
6. The Exchange, the Department of Health Care Services (DHCS), and other State partners will meet the obligations for which they are responsible under the Affordable Care Act, other federal and state eligibility requirements and state law.



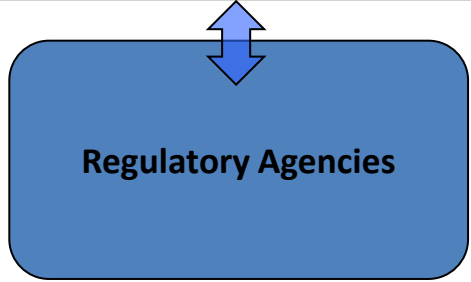
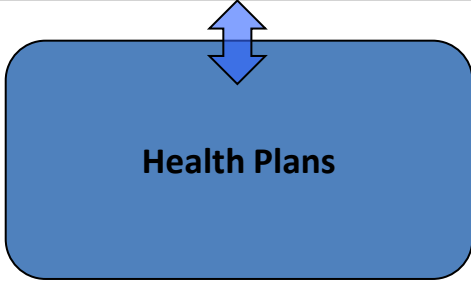
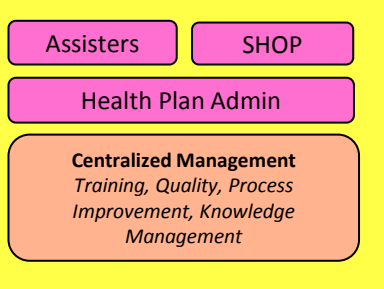
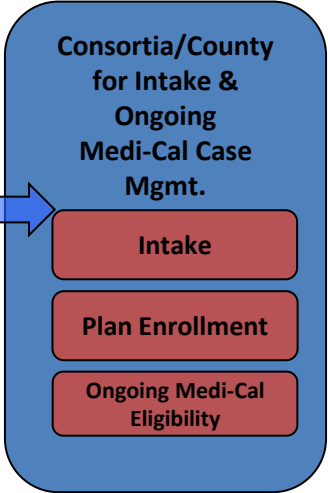
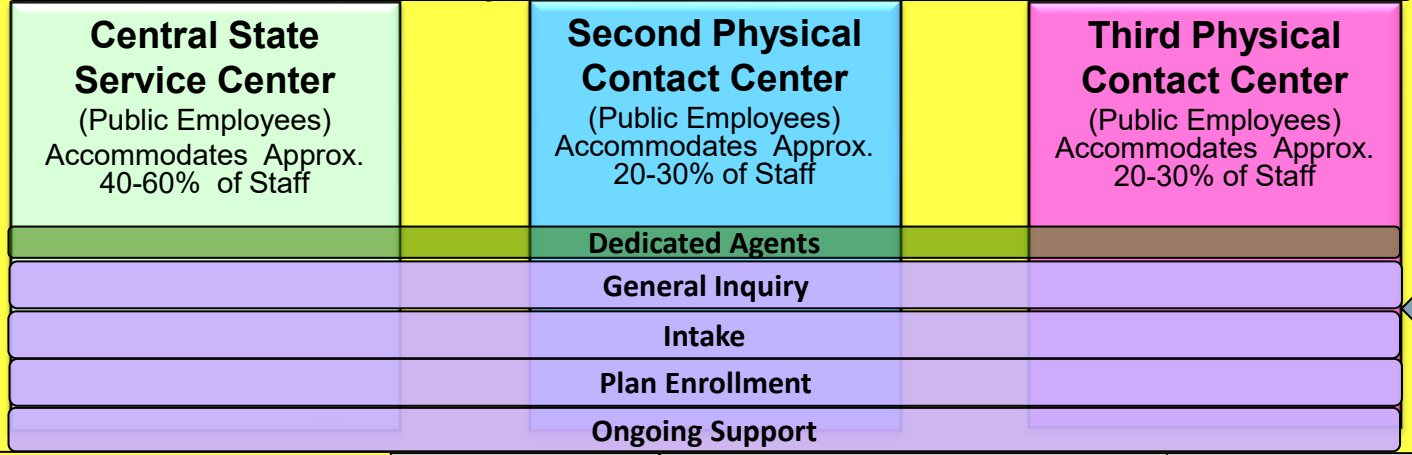
Centralized Multi-Site Service Center Model Medi-Cal County Determination Hybrid



Next Available Agent

Hosted IVR and ACD treating all agents as virtual pool
(Centralized facilities management and technology platform)

Centrally Managed Command Center Operations
(Workforce Management, ACD, CRM, IVR, Reporting and Social Media Monitoring)



Update on Planning Work

Exploration of potential County Service sites:

- Request for Offers (RFO) issued October 29, 2012
- Offers due November 16, 2012
- Expected contract with a county by December 31, 2012

Policy and referral protocols for management of multi-program households:

- Research on business process alternatives completed
- Process flows under consideration by Exchange, Department of Health Care Services, and partner agencies



Tribal Consultation Policy

Jessica Abernethy

California Health Benefit Exchange Board Meeting
October 30, 2012



Tribal Consultation Requirements

- The Affordable Care Act provides that Exchanges which include one or more Federally-recognized Tribes within their geographic area engage in regular and meaningful consultation and collaboration with Tribes
- Approximately 80,000 AI/AN will be eligible for premium subsidies in the Exchange
- The Affordable Care Act provides unique Indian benefits
 - Cost-sharing reductions for individuals under 300% FPL
 - Exemption from the individual mandate
 - Special monthly enrollment periods



Goals of Tribal Consultation and Working with Tribes

- Create opportunities for the Exchange to build meaningful relationships with Tribes
- To develop a formal consultation policy consistent with the Affordable Care Act and Final Rule provisions relating to Tribal consultation
- To maximize the enrollment of eligible American Indians into the Exchange

Annual Tribal Consultation Meeting and Tribal Advisory Workgroup

- July 6, 2012 meeting with Tribes
- Tribal Consultation Policy
- Establishment of Tribal Advisory Workgroup
 - Nomination Process
 - Regionally Diverse
 - October 15th Meeting

Future Engagement

- Revise Tribal Consultation Policy
- Submit the Consultation Policy with the Blueprint Application
- Tribal Advisory Workgroup Meeting- November 29th

Federal Establishment Support and Exchange Blueprint



Establishment Grant Application Components

Level 1 and Level 2 grant applications require the following components:

- Letters of support
 - Governor
 - Medicaid director
 - Insurance commission
 - Others as appropriate
- Project narrative
 - Demonstration of past progress
 - Proposal to meet program requirements
 - Summary of IT Gap analysis
 - Evaluation Plan
- Work plan with milestones over the entire project period
- Budget request for each 12 months of the project period
- IT systems including IT GAP analysis



Establishment Grant

Additional Level 2 Application Components

Level 2 grant applications require the following additional components:

- Legal authority to operate an Exchange
- Governance structure
- Complete budget through 2014
- Financial sustainability plan

Exchange Blueprint Structure and Key Dates

- Legal Authority and Governance
- Consumer and Stakeholder Engagement and Support
- Eligibility and Enrollment
- Plan Management
- Risk Adjustment and Reinsurance
- SHOP
- Organization and Human Resources
- Finance and Accounting
- Technology
- Privacy and Security
- Oversight, Monitoring and Reporting
- Contracting, Outsourcing and Agreements
- State Partnership Exchange Activities
(*Optional for State-based Exchanges*)
- Completed Blueprint and Model Declaration Letter submitted to CCIIO – **November 16, 2012**
- Approval Letter to States; Conditional Approval begins – **January 1, 2013**



Blueprint Declarations

- States must submit a Declaration Letter from the Governor addressing several elements of the Blueprint

Required Element	California Proposed Responses
State Exchange Model	State-based Exchange
Use of Federal Services	
<ul style="list-style-type: none"> Eligibility determinations for tax credits and cost sharing subsidies 	California will administer
<ul style="list-style-type: none"> Individual responsibility exemptions 	California will administer
<ul style="list-style-type: none"> Risk adjustment program 	California will use federal services
<ul style="list-style-type: none"> Reinsurance program 	California will use federal services
Designated Exchange Official	Peter V. Lee

Blueprint Application

- Provide expected completion dates for Exchange activities
 - CCIIO will monitor states' progress on activities that are not complete by the application date
- Provide supporting documentation for specified Exchange activities
 - Supporting documentation includes key Exchange documents



Overall Outreach and Marketing Goal

Maximize the enrollment of uninsured Californians by providing a one-stop marketplace for affordable, quality health care options and health insurance information; educate Californians to understand the benefits of coverage; encourage insured Californians to retain their coverage; and continue to ensure the availability of affordable health insurance coverage for all eligible Californians.

- The Exchange's marketing and outreach effort will reach nearly every Californian – nearly **38 million** residents – with a positive message on new insurance options and proactive personal health care.
- The primary target of potential Exchange consumers totals more than **4.7 million** California residents as of 2014:
 - 3.2 million uninsured who qualify for subsidies in the Exchange or Medi-Cal coverage;
 - 1.5 million uninsured who do not qualify for subsidies but now benefit by being offered coverage from all health plans not subject to medical screening and can enroll inside or outside of the Exchange.
- Ultimately, the goal is to have every Californian eligible for coverage to take action to get that coverage.



Annual Enrollment Goals

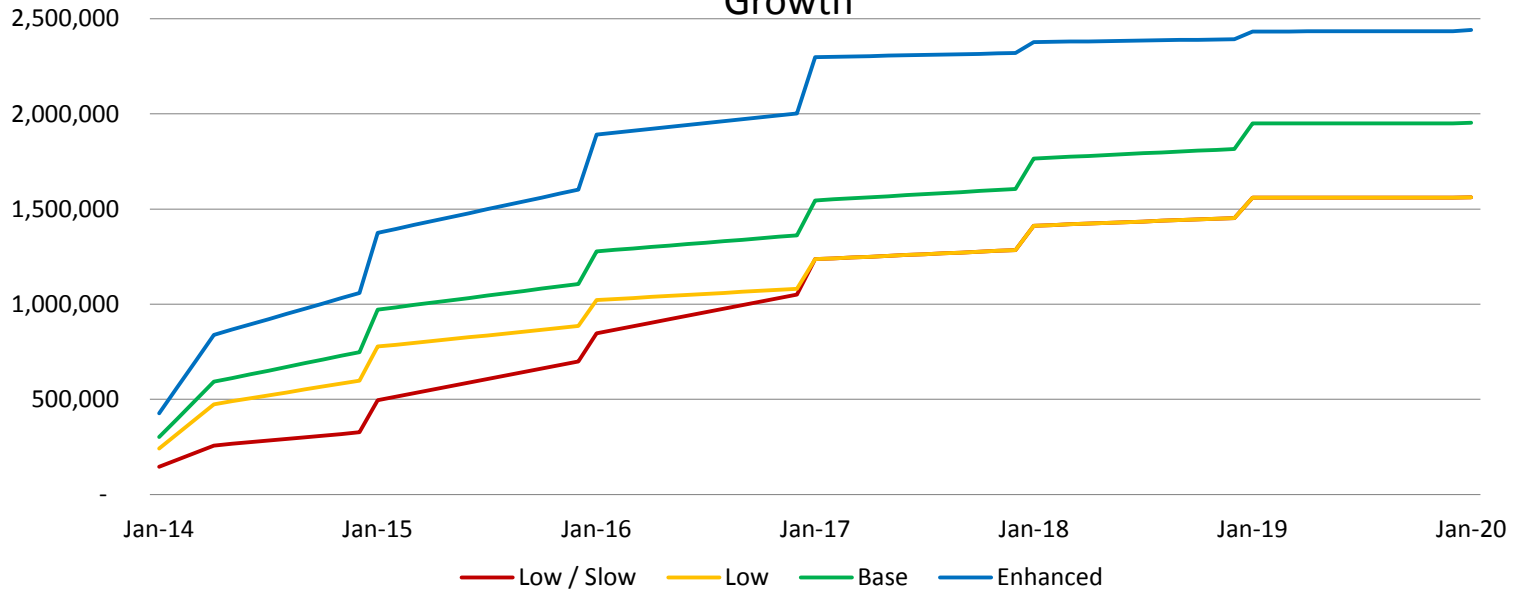
- **By 2015:** Enrollment of 2.6 million Californians newly eligible for Medi-Cal, Healthy Families, subsidized coverage in the marketplace or enrolling in the marketplace without subsidies.
- **By 2016:** Enrollment of 3.2 million Californians newly eligible for Medi-Cal, Healthy Families, subsidized coverage in the marketplace or enrolling in the marketplace without subsidies.
- **By 2017:** Enrollment of 3.7 million Californian newly eligible for Medi-Cal, Healthy Families, subsidized coverage in the marketplace or enrolling in the marketplace without subsidies.

Based on CalSIM 1.8 enhanced enrollment projections



Exchange Planning: “Shoot High” and Plan for Uncertainty

Exchange Subsidized & Unsubsidized Enrollment Projection Profile and Growth



	Jan-14	Jan-15	Jan-16	Jan-17	Jan-18	Jan-19	Jan-20
Low / Slow	150,000	490,000	850,000	1,240,000	1,410,000	1,560,000	1,560,000
Low	240,000	780,000	1,020,000	1,240,000	1,410,000	1,560,000	1,560,000
Base	300,000	970,000	1,280,000	1,550,000	1,770,000	1,950,000	1,950,000
Enhanced	430,000	1,380,000	1,890,000	2,300,000	2,380,000	2,430,000	2,440,000

The Exchange is seeking to enroll as many Californians as possible. The Exchange is working to meet and exceed its goals, while at the same time planning for lower enrollment by developing budgets that can be adjusted and constantly adjusting its marketing, outreach and operations as needed based on new information and experience.



Key Documents Supporting the Blueprint Application

- Stakeholder Engagement Plan
- Tribal Consultation Plan – *November 14*
- Marketing, Outreach and Education Workplan – *updated November 14*
- Assisters Workplan – *updated November 14*
- CalHEERS Business Requirements
- Qualified Health Plan Recommendation Briefs and Solicitation
- SHOP and Agent Payment Recommendation Briefs
- Long-term Operational Cost Plan – *November 14*
- Exchange Evaluation Plan – *November 14*



Grant / Blueprint Engagement & Submission Timeline

Date	Activity
October 30, 2012	Exchange Board meeting
November 5, 2012	Webinar on Exchange evaluation plan
November 7, 2012	Grant application and marketing plan posted for review Webinar on grant application and revised marketing plan
November 9, 2012	Written comments due on draft grant application and marketing plan
November 14, 2012	Exchange Board meeting
November 15, 2012	Grant application due to CCIIO
November 16, 2012	Blueprint application due to CCIIO
November 30, 2012	Stakeholder advisory group nominations due (extended from November 2, 2012)



Proposed 2013 Exchange Board Calendar

January 17 – Los Angeles

February 21

March 21

April 25 – Inland Empire

May 23

June 20

July 25 – Tentative

August 22

September 19

October 24 – Bay Area

November 28

December 19 – Tentative

All Thursday meetings

All meetings will take place in Sacramento unless otherwise noted

